

WIC Nutrition/Health Assessment - Child

Name: _____ Date of Birth: _____ Today's Date: _____

1. Does your child eat any of the following?
 - ☐ Raw or undercooked meat, fish, poultry, eggs
 - ☐ Raw sprouts like alfalfa or bean sprouts
 - ☐ Unheated: lunch meats, hot dogs, processed meats
 - ☐ Unpasteurized soft cheese like Brie, Feta, Queso Fresco
 - ☐ Raw or unpasteurized milk or juice
 - ☐ Popcorn
 - ☐ Whole grapes
 - ☐ Whole hot dogs
 - ☐ Peanut Butter
 - ☐ Round, hard candy
 - ☐ Nuts or seeds
 - ☐ Marshmallows
2. Does your child drink any of the following?
 - ☐ WaterDoes the water have fluoride?
 - ☐ Yes ☐ No ☐ Unsure
 - ☐ Soft drinks/soda
 - ☐ Sweet tea
 - ☐ Kool-Aid
 - ☐ Other: _____
3. Does your child use a bottle?
 - ☐ Yes ☐ NoIf yes, Is your child 14 months or older? ☐ Yes ☐ No
4. Does your child drink a bottle in bed at night or carry around a bottle or sippy cup?
 - ☐ Yes ☐ No
5. Does your child eat or crave non-food items like clay, paint chips, dirt, or ice? ☐ Yes ☐ No
6. Does your child take daily vitamins or minerals?
 - ☐ Yes ☐ NoIf yes, are they taken as instructed?
 - ☐ Yes ☐ No ☐ UnsureDoes your child take a vitamin D supplement?
 - ☐ Yes ☐ No ☐ UnsureDoes your child take herbal or botanical supplements? ☐ Yes ☐ No
7. Do you feel you have enough food to feed your family? ☐ Yes ☐ No
8. Has your child entered the foster care system in the last 6 months? ☐ Yes ☐ No
9. Has your child changed foster homes within the last 6 months? ☐ Yes ☐ No
10. Does your child visit a health care provider for routine check-ups? ☐ Yes ☐ No
11. Does your child visit a dentist regularly?
 - ☐ Yes ☐ No
12. What health issues does your child have, if any?

Have these health issues been diagnosed by your child's health care provider? ☐ Yes ☐ No
13. What would you like to discuss or learn more about today?
 - ☐ Feeding my child
 - ☐ Picky eating
 - ☐ Physical activity
 - ☐ Taking care of my child's teeth
 - ☐ Healthy Snacks
 - ☐ Other: _____

For Staff Use Only

- What are your mealtimes like? Tell me about your child's eating (such as, what do they eat and what would you like to see them eat more/less of?)

This institution is an equal opportunity provider.